PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10 705, 707												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
TC	TAL CLAIMS	42					ſ	RATE	FEE]	RATE	FEE
FC	R		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TO	TAL CHARGEA	BLE CLAIMS	42 minus 20= ·		• 22			X\$ 9=		OR	X\$18=.	396
INC	EPENDENT CI	_AIMS			15		Ì	X43=		OR	X86=	1,290
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					. +145=		OR	+290=	112-10
* If the difference in column 1 is less than zero, enter "0" in column 2							· L	TOTAL	+	OR	TOTAL	2,456
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	. ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	* 40	?	=		X\$ 9=		OR	X\$18=	
	Independent	· 18	Minus	*** / 8	/	= -	Ī	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 1, 2, 4,10,11,1%, 25,30,31,33,34,35,36								+145=		OR	+290=	
								TOTAL			TOTAL ADDIT. FEE	
7	3 7, 38,39,40,42 (Column 1) (Column 2) (Column 3)								: L		ADDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							t	·+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	r	X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				
• }	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								<u> </u>	OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR ,	TOTAL ADDIT. FEE	
		ber Previously Pai					foun	id in the ap	opropriate box	in col	umn 1.	

Application or Docket Number